

# NEWBORN HEARING NEWS

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*It's Never Too Early to  
Test Your Baby's  
Hearing*

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## Message from Arizona Department of Health Services, Bureau of Women's and Children's Health Office of Newborn Screening

By *Sondi Aponte*

We hope that you find this newsletter helpful. Our goal is to share news and information with you that will enable you to better do your job. As this is a pilot and therefore still in the development stage, please feel free to offer comments and suggestions. If there is a particular topic you want to read about, let us know.

Marlene Hesley from Banner Desert Medical Center, Jan Johnson from Sierra Vista, and I will be the editors.

We also have regular contributors like Lylis Olsen and Randi Winston from the EAR Foundation, articles from experts in the field, quarterly statewide statistics, and a calendar of events within the newborn hearing screening community. Look for more details as we explore fun and interesting ways in which we stay connected. At some point we hope to start a moderated listserv so that you can get questions answered and review messages from your counterparts. Explore our website and come back often as these and other exciting program enhancements are introduced.

**Welcome to a new era in communication and collaboration!**

### ADHS program introduction

By *Laura Miller*

The Follow-Up Team at the Arizona Department of Health Services (ADHS) is very excited for the release of this first newsletter! We'd also like to explain a little bit about who we are and what we do.

The ADHS team is made up of Christy Taylor, Program Manager, Sondi Aponte, Data Specialist, and Laura Miller, Follow-Up Specialist. Headquartered in Phoenix, we help to facilitate newborn hearing screening follow-up throughout Arizona. It's a big job that couldn't be done without fantastic hospital screeners and coordinators making sure families know how important follow-up is.

Christy recently moved into the role of Program Manager, but you may know her from her years as the Data Manager here at ADHS.

*Cont. on pg 2...*

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*Mom and  
baby after a  
hearing screen*

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*Universal  
Newborn  
Hearing  
Screening!*

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*Cont. from pg 1...*

Sondi is the former coordinator of Banner Thunderbird's screening program. Now she manages all of the screening data to help keep programs running smoothly. Laura is a former hearing screener who is now charged with contacting the family and doctor of every baby in need of follow-up. By coming together, we all can change babies' lives. Thanks for your contribution toward the success of this program!

## Joint Committee on Infant Hearing 2007 Position Statement

By Lylis E Olsen, MS, MPH

The long awaited 2007 Position statement was published this month in *Journal Pediatrics*. In future articles, we will explore what changes were made in the recommendations and how this statement will impact the screening programs in Arizona. To understand why this document is so important it helps to have some history of the Joint Committee on Infant Hearing (JCIH).

The JCIH was established in 1969. Currently it is comprised of representatives from:

- the American Academy of Pediatrics,
- the American Academy of Otolaryngology and Head and Neck Surgery,
- the American Speech Language Hearing Association,
- the American Academy of Audiology,
- the Council on Education of the Deaf, and
- Directors of Speech and Hearing Programs in State Health and Welfare Agencies.

The committee makes best practice recommendations about newborn hearing screening, diagnosis and intervention for children who are Deaf or Hard of Hearing. When their first position statement was published in 1971, we didn't have the technology to efficiently screen all infants.

In 1993 a National Institutes of Health consensus conference recommended universal newborn hearing screening for the first time. In 1994, the JCIH endorsed universal detection of hearing loss in newborns and infants. It was recommended that all infants with hearing loss be identified before 3 months of age and receive intervention by 6 months. This led to screening all babies in the hospital soon after birth.

Because the statement is endorsed by a broad range of professionals and supported by the Center's for Disease Control and Prevention, the National Institutes of Health and the Maternal and Child Health Bureau, it will influence the direction of our early identification and intervention programs.

## Featured Hospital-Sierra Vista

By Jan Johnson

Sierra Vista is an unusual city. We are rural and yet progressive with our programs and facilities. Our hospital, Sierra Vista Regional Health Center, is the only hospital that delivers babies in our county of Cochise. Sierra Vista's population is quite educated, especially since we have Fort Huachuca at our doorstep.

The average number of babies screened per month is approximately 110-120. Thus, on a yearly basis, we screen around 1,400 babies. However, this number continues to rise due to the ever-increasing population in Cochise County. We are fortunate in that most of our moms get great prenatal care. That seems to be one factor influencing our hearing screens.

If, however, a baby refers prior to discharge, a follow-up hearing screen appointment is scheduled for a week later. Very few of our babies don't pass their hearing screen at that follow-up appointment. However, if they don't pass, the parents are advised to take their baby to an audiologist. Information is given to them regarding the audiologists we have in our town. A letter is then sent to the pediatrician informing him of the results of the screening. The information is also sent to the state for their follow-up help if needed. We've been fortunate to have nearly all our follow-up patients come at their appointed time. If, however, a patient didn't return for a follow-up appointment, they would receive a phone call and the appointment would be rescheduled. A second missed appointment would result in a letter being sent to them and the pediatrician by me stating that they now have a responsibility to take their baby to an audiologist.

There are 16 techs, other than myself, who administer hearing screen tests. Each of them must pass a competency test with me every year. They do a wonderful job, especially when I'm on vacation for a few weeks at a time.

About 2 1/2 years ago, I thought it might be nice to have a hearing screen newsletter for our maternal child unit. Most of my ideas come while I'm riding on the back of my husband's motorcycle. That's how this one evolved. Being a retired teacher who taught for 21 years however, I added more than just hearing screen information to the newsletter. It includes such things as these: local, state, and national news, monthly trivia, especially for holidays, positive comments, tidbits, thoughts, famous quotes, family fun, quiz time, or riddles - this is just for fun. The first person who emails me the correct answer wins a gift certificate. There is also a recipe corner and of course a little humor mixed in.

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### *Best Practice...*

*Is a practice which is most appropriate under the circumstances, esp. as considered acceptable or regulated in business; a technique or methodology that, through experience and research, has reliably led to a desired or optimum result*

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## Hearing Screening Follow-up—A Challenge

By *Patty Shappell*

Lost to follow-up is one of the most challenging elements of a newborn hearing screening program. The 2007 JCIH Position Statement reports that 95% of newborn infants have their hearing screened but almost half of them do not receive appropriate follow-up. The NAL Hearing Screening program has made lost to follow-up one of its primary quality assurance indicators. We have implemented specific protocols to insure every avenue is exhausted in getting babies that refer the inpatient screen back for follow-up re-screening.

Our program includes

- Communication of refer results and follow-up instruction to the parents both verbally and written. English and Spanish.
- The pediatrician and nursing staff are notified of the refer result and the recommendation for follow-up so that it can be discussed at discharge.
- A refer letter is placed in the chart along with the hearing screening results.
- Parental contact information phone, address and pediatrician are confirmed before leaving the hospital.
- Refer results are faxed to the NAL office at discharge. We make contact with the family by phone ASAP to schedule the follow-up re-screening.
- NAL provides out-patient re-screening clinics every week.
- If attempts to reach the family by phone are unsuccessful a letter is send to the family home to contact NAL.
- If attempts to reach the family are unsuccessful the pediatrician is contacted to obtain updated information.
- Parental education and pediatrician education is ongoing. The screeners are key to making sure the parents understand the importance of the refer results and the recommendation for outpatient follow-up. The pediatrician education is provided during attendance at Pediatric Committee meetings. We provide quarterly reports to the hospitals and the pediatric committee regarding program outcomes including babies that have been lost to follow-up. Remember – why screen if we don't follow-up on potential hearing impairments.
- Nurse Education. Ongoing education to the nurses regarding hearing screening program updates. Notification of infants that refer and are diagnosed with hearing loss makes the program outcomes real. Nurses need to be reminded that babies are identified as hearing impaired from screening programs.

*Cont... on page 5*

## Upcoming Events

**National EHDl -  
Conference**  
New  
Orleans, LA  
Feb 25-26, 2008

**Hands & Voices Social**  
Phx., AZ  
Oct 27, 2007

## Mark Your Calendars

### OCTOBER 2007

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28	29	30	31			

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18	19	20	21	22	23	24
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### DECEMBER 2007

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30						

**HAPPY NEW YEAR!**



*Arizona  
Early  
Hearing  
Detection  
and  
Intervention  
AZ EHD*

## Featured Hospital Banner Desert Medical Center

By Marlene Hesley

### Follow-up Challenges

#### Continued from page 4...

What else can we do?

1. Continue to improve parental communication. Provide information regarding the screening program during the 3<sup>rd</sup> trimester prior to delivery. Let's get the OB/GYN Community involved.
2. Increase the number of outpatient screening sites to make follow-up easier.
3. Improve physician communication for babies the referred at the hospital. Inform the gate-keeper. Make sure you have the correct gate-keeper.
4. Emphasize the need for follow-up before discharge.
5. Educate the importance of follow-up to the nursing staff.
6. Assess barriers to service including insurance provider challenges.
7. Create public service information for parents regarding the importance of hearing screening and hearing screening follow-up.

We must continue to be diligent in tracking refer babies through the entire process- the new goal is to follow all refer babies!



Banner Desert Medical Center & Children's Hospital is situated on 80 acres on the corner of Dobson between Southern and the US 60 in Mesa. We had been screening the babies in the NICU for many years, due to their high risk factors for hearing loss. It was decided that we should be screening all babies for hearing loss. I and another nurse, (who has since retired), looked at several programs across the country and decided what would work well for our facility. Our official program was born in 1999, with the help of Randi Winston who is a constant source of knowledge, guidance, and inspiration. Our program is not like it was in the early days due to adjusting and tweaking it to best meet the needs of our population, best practice, and State and Federal requirements. Last year our program screened close to 8,000 babies, which translates to a kindergarten class a day. We are very lucky to have 24 highly skilled hearing screeners on our staff that, along with their other duties, allows us to be able to have screening coverage 24 hours a day 7 days a week for NICU and Well Baby Nurseries. We have a 2 stage screening process protocol to do both OAE and ABR, if needed, prior to discharge. We are very fortunate to have an Audiology department on site so that we can have a Hearing Screen Clinic to send our babies to that did not pass inpatient screen. We also have the gift of having Arizona's Hearing Screen Chapter Champion, Dr. Glenn Waterkotte as the medical director of the Special Care Nurseries, who has done much of the education of many of our Physicians on newborn hearing screen. We have organized an advisory board that consists of Audiology, Newborn Hearing Screen, an Otolaryngologist (ENT), Dr. Waterkotte and Randi Winston which meets quarterly or more often if necessary to make sure we are on the right track with "best practice".

## Statewide Newborn Hearing Screening Statistics

2007 January - June

<u>Inpatient</u>	Quarter 1	Quarter 2
Total Infants	23,891	23,306
Number Screened	23,624	23,035
Pass Inpatient	22,768	22,362
% IP Passed	96%	97%
Refer IP	856	673
% IP refer	4%	3%
Not Screened	235	235
<u>Outpatient</u>		
Total Expected	1,091	908
Passed OP	646	473
% OP Passed	59%	52%
Referred OP	90	65
% OP Referred	8%	7%
Not Screened OP	355	370
% Not screened (Lost to Follow up)	33%	41%